

**Office of the State Employer
Employee Health Management
FY 2003-2004 Bi-weekly Long Term Disability Premium Rates
Rates per \$100 of Earnings*
October 12, 2003**

PLAN CODE/DESCRIPTION	Status	Employee	State
	(a)	(b)	(c)
YIA0: Less than 184 hours sick leave	Plan I	\$ 2.13	\$ 1.04
YIA1: 184-527 hours sick leave	Plan IIA	\$ 0.58	\$ 1.04
YIA2: 528 hours or more sick leave	Plan IIB	-	\$ 1.04
YIA3: Reached Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$ 1.79	\$ 1.04

Calculation of Employee Contribution:

Bi-Weekly contribution = Hourly Rate times 2088, divided by 26, divided by 100, times Employee Rate per Plan
(I, IIA, IIB or IIC)

Employees interested in enrolling in LTD should contact their Human Resources office for enrollment information.
If you have any questions about LTD, please contact Employee Health Management at (517) 241-9090.

* Benefits are subject to maximums as defined in the LTD Plan Booklet.